FILING DATE

MULTIPLE DE	NDENT CLAIM
FEE CALCULA	ATION SHEET
(FOR USE WITH	FORM PTO-875)

		(FOR U	SE WITE	FORM	PTO-875)	
	161	EII DD	AF	TED	T		
	AS FILED		I"AME	AFTER CAMENDALENT		AFTER 1 - AMENDMENT	
1	IND.	DEP.	IND.	DEP.	IND.	DEP.	
2		7					
3		\mathcal{J}					
5		'					
6 7		1					
8		4	-				
9							
10 11		,/_	-1				
12		1					
13 14		7					
15		4					
16 17							
18	-+7	4					
19							
20 21				1			
22	1			- -			
23			\Box	1			
25	17						
26 27			1_	1		\exists	
28		 	+			7	
29 30			1	1_		1	
31	1-	1-				7	
32 33	-	1				1	
34	 	┨	┼]	
35						1	
37	 		 		·	1	
38				 	 		
39							
41							
42							
44							
45 46		- $ -$				Ė	
47						F	
48	$ \mathbf{I}$					E	
50	_					F	
TOTAL END	+1		1		1	TO	
TEAL DET 24	-		• F			101	
TOTAL 25						1	
0						α	

COM	.1713			/	,	12			
r		ASI	TILED	AF	TER	AFTER			
	1	IND. DEP.			ENDMENT	2 AMENDMENT			
-	51		DEF.	IND.	DEP.	IND.	DEP.		
-1	<u>52</u> 53	 							
7	54								
-{ }	55					-			
1 1	56 57								
1 1	58								
1 [59								
1 F	60								
	61.								
	63			-					
<u> </u>	64						\Box		
-	65								
	67								
	68								
	69 70								
	71								
	72						\exists		
	73						\dashv		
	75						\exists		
7	6						\exists		
7							- (
75						1	EST AVAII ABY F		
80				 			ة 1		
81 82			1				┦ <		
83		 	 	+	-{	I] 3		
84			1	+	 	 	√ ≥		
<u>85</u> 86						1	┨ .~		
87	1	┪	 	 			1 5		
88				 	 	 	łЩ		
90	 	 					0		
91	1			·					
92									
93 94	 			•					
95							•		
96									
97 98									
99			 -						
100									
TOTAL IND.		*		#		#			
OTAL DEP		(-		<u>-</u> [-			
TOTAL CLAMES									
U.S. DEPARTMENT of COMMERCE Futest and Tradomeric Office									

SERIAL NO.

APPLICANT(S)

CLAIMS